

**MEDICAL EXPENSE STATEMENT**

Only show amounts paid out of pocket in 2004

CLAIMANT'S NAME \_\_\_\_\_ COUNTY \_\_\_\_\_

**MEDICAL INSURANCE – 1 YEAR PREMIUM**

Do not include life or accident insurance.

Include Medicare premiums only if using gross amount of Social Security benefits.

Name of Payee	Amount Paid
1	\$
2	
3	
	Total

**NAME OF DOCTORS**

Do not list amounts paid by insurance.

Name of Payee	Amount Paid
1	\$
2	
3	
4	
	Total

**PRESCRIPTION DRUGS**

Include medical aids purchased.

Name of Payee	Amount Paid
1	\$
2	
3	
4	
	Total

**HOSPITAL, AMBULANCE, NURSING HOME ETC**

Name of Payee	Amount Paid
1	\$
2	
3	
	Total

Please use the back for additional listings.

Total from back \$

**GRAND TOTAL** – Transfer amount to line 13 of the property tax reduction application \$

UNDER PENALTY OF PERJURY, I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED HEREIN IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE OF CLAIMANT OR REPRESENTATIVE

DATE

Name of Payee	Amount Paid
1	\$
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	<b>TOTAL</b>

#### LODGING

	<b>TOTAL</b>

#### MEDICAL MILEAGE

<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
<b>FROM</b>	<b>TO</b>	<b>MILES</b>	<b>X .14 PER MILE</b>
			<b>Total        \$</b>
<b>TRANSFER TOTAL TO FRONT OF FORM</b>			<b>GRAND TOTAL        \$</b>